

Robin's Egg Head Start Case Study

Part 3 - Early Identification of Children's Mental Health Needs

DIRECTIONS
<i>1. Read the information provided here and review the information provided in Part 1 - Program Description and Part 2 - Program Planning and Management for Quality Mental Health Services.</i>
<i>2. Note any relevant new information and remaining questions.</i>
<i>3. Make note of any issues you still need more information about and how you will get that information.</i>

In your review of the HS Services Plan you note a detailed description of the schedule for well child, preventive and primary health care visits according to EPSDT guidelines. Additionally, the Plan describes follow-up procedures for any identified concerns.

From her own experience and passion for early intervention, Ms. Paloma strongly promotes early social and emotional screening for Robin's Egg children. The Education Manager has been trained and guides her staff to use a social/emotional screening instrument recommended by one of the school district psychologists. The same instrument is widely used in childcare and Head Start programs throughout Orebama. Ms. Paloma works with the Education and Disabilities Managers to determine how any social/emotional screening information will be used in planning for each child's educational experience and/or referral for further assessment.

The Services Plan clearly describes the policies and practices for gathering information from parents, completing developmental screening (including social emotional and behavioral components), obtaining formal assessment, involving families in planning intervention, ongoing observation by staff, and requesting the services of a Mental Health Consultant. Most teachers interviewed showed that they understood the procedures and whom to contact in case they had a concern about a child's social/emotional development or behavior in the classroom. They demonstrated knowledge about the screening process used in the program and the availability of a Mental Health Consultant, and are clearly involved in ongoing observation and assessment of their students.

There was, however, a noticeable difference among the Head Start teachers in Martinsville 1. Unlike the teachers from other centers, the Head Start teachers in Martinsville 1 did not seem aware of the procedures for screening, identification, and follow-up. These teachers reported that they currently had a child with aggressive, "hyperactive," and difficult to control behavior. They described the

child doesn't take naps and at times destroys the classroom. The Center Director/Lead Teacher stated she wasn't worried about the child's behavior and believed the child would grow out of it. She further explained he probably just needed some love and structure.

Although you reviewed Martinsville 1 teachers' anecdotal notes documenting the child's outbursts and the events that led up to them, the teachers did not follow the program's well-organized and systematic procedures for ongoing observations or for sharing the observations with supervisors, managers, or the Mental Health Consultant. You ask the teachers how the family viewed or understood this child's behavior. The Center Director/Lead Teacher volunteered that when the teacher spoke to the parent at pick-up time on the day of the latest incident; the parent looked distressed. The Center Director/Lead Teacher described the parent said in part English and part Spanish, that she didn't know what to do anymore and she has her own stress to worry about. She described if her son didn't get better she worried that social services might take her son away again. The Center Director/Lead Teacher explained she reassured the parent not to worry about the child's behavior, everything would turn out o.k.

During a phone conversation with the Mental Health consultant from Martinsville, she described she visits this site periodically (but not regularly) when she has room in her schedule. She explained that when she does come, it is difficult for her to get a sense of this child's behavior over time, except for the crisis situations. The Mental Health Consultant further describes to you that she really doesn't go to the Martinsville center very often. She explained that there is at least one child and family (perhaps more) who really need additional mental health services.

Many of the teachers and family workers you and your review colleagues interviewed described that they sometimes found it difficult to talk with families about mental health issues including the screening process, family issues that might impact the child's behavior, and especially if there was some substance abuse issue in the family. A few teachers also stated that they "were not comfortable giving children 'labels.'" When asked by reviewers, 11 staff interviewed by the team all agreed they had not shared their discomfort and their concerns with their supervisors.

The Early Head Start staff use the same screening and assessment instruments used by all Part C/Early Intervention programs in Avia County. Indeed, Ms. Paloma made sure that these instruments addressed infant and toddler mental health and partnered with the Hawk's Nest School District's psychologist and Disabilities Coordinator to provide training on the mental health aspects of these instruments for all the appropriate staff from all the Birth to Three programs in the county. These trainings are repeated every 18 months so that new staff can all be trained as well. The program has not yet selected a formal screening instrument for post-partum depression, but is discussing this possibility with their

partners at the County Hospital Prenatal Care Department. In the mean time the staff working with pregnant women screen informally for post-partum depression as well as any other needs.

Ms. Paloma maintains a monthly checklist (i.e. the mental health tracking form) that tracks a coordinated schedule of screening and consultation activities. She ensures the screening takes place within the 45 days of each child's enrollment. She monitors the:

- follow-up on children identified by a HS or EHS agency mental health screening as needing further evaluation;
- arrangements with each of the community Mental Health Centers regarding what evaluation/s HS will provide and what each of the other entities is responsible for; and
- timelines for each referral to assure that children are receiving services promptly and appropriately.

Ms. Paloma gives you the mental health tracking form (as described in the Mental Health section of the Services Plan) that shows how she tracks this information. The tracking form indicates that occasionally, when the services are not provided as required, HS/EHS staff follow-up and work with the families and other agencies to assure a proper resolution. Not all of the children's records and case notes provide clear and specific information about these efforts.

While the procedures and contracts/service agreements are well outlined, it is not yet clear how consultant services work, including: types of consultation (programmatic with staff or child and family centered with staff and/or families), record keeping and reporting, or intervention with families and in the classroom. You make a note to yourself for further inquiry and plan to interview one of the consultants.

Your colleague who is reviewing Education Services tells you that she was given the following information. The EHS Manager and one of the EHS Coordinators have a particular interest in infant mental health. They feel that they have been unsuccessful in helping some staff understand what mental health means for such young children and how EHS can support social/emotional development and the parent-child relationship. They explained that when staff from the Head Start Family Service Department gathers intake information in those areas, they tell parents who have concerns about how their infants and toddlers relate to them that they "may be reacting to problems in the home" or are "just immature." The EHS Manager described there is particular difficulty having staff in one of the more remote sites understand the philosophy of infant mental health and early identification of mental health issues even for HS children.

You interview an Intake Worker in Martinsville from the Family Service Department. The Intake Worker, who is relatively new in her position, explains that she tells parents about screening and mental health consultation services,

but admittedly does not "go into detail." She further explains, "there is so much to cover when enrolling a family, it's hard to explain everything." Although she sees it as her duty on an intake visit to inform families of the comprehensive services in HS and EHS she feels the mental health and screening information may make the parents uncomfortable. She also explained the staff at her center does a good job of handling any children with "bad behavior" on their own. She explained that she really felt that someone who was an expert in the area of mental health should present information on the subjects of early childhood mental health and family mental health services.

As you talk with the Intake Worker, it becomes clear that she, herself, does not really know what is involved in all the required screenings and how they are used by the Education, Mental Health, and Disabilities staff and teachers to plan services for the child and family. She also is not very clear on what the Mental Health consultant does.

Ms. Paloma explained that she thought the Intake Worker had a better understanding of all Head Start services and the various aspects of child development, including social and emotional development and mental health. She did not realize that the Martinsville Intake Worker was neither fully oriented to Head Start or following the procedures for fully engaging and informing parents about the mental health and wellness, screening, and mental health services aspects of the program.

Given the strong site level leadership in Martinsville, the HS Director also was surprised to hear that this was occurring.

When you inquire with staff about using the Violence Prevention curriculum that was purchased last year, you had mixed responses. One teacher says, "I love the program. The children enjoy the stories, the pictures, and the activities. We have time set aside for the lessons, but also use the words and reinforce what the children have learned throughout the day. I've noticed a real change in my classroom and how children get along. It's especially great when parents can do some of the 'at home' activities with their children too." The site supervisor from Wrenton admits that she was familiar with the curriculum, but added, "My teachers have difficulty fitting it in to the everyday activities, when there is so much else going on. Not to mention, the changes we've had in teachers leaving has also made it difficult to put this new curriculum into place." She also described that with so many current children exhibiting challenging behavior it's very hard for the teachers to "add one more thing."

She feels that the most important way to support social and emotional development for her children was to "find some way to stop the staff turnover and have a consistent teaching staff." The Early Head Start Manager echoes this concern adding that "although we, of course, don't use the curriculum designed

for older children, our relationship-based approach is disrupted by staff turnover too. It makes it difficult to provide the care that's right for infants and toddlers."

During a preschool classroom observation in Wrenton, you indeed notice the aggressive behavior that has been mentioned. You also observe the mental health consultant working in the classroom to model some behavior management techniques. She explains that she will be coaching the staff on how to use the techniques. She describes that she plans to meet with staff, managers, and with a couple of parents (individually) to provide consultation and discuss further plans for assessment and potential treatment services if deemed appropriate. However, she informs you that she does not have enough time in her contract to meet with both the staff and the parents in order to effectively identify and intervene on behalf of the children and families. She adds that the staff are concerned about children's mental well being in Wrenton and asks her for more help every time she visits.

In the EHS classroom at Jay St., you observe that the teacher is rather new to the program. She began working in the program about one month ago. When you inquire about her approach to her work, she is able to describe the importance of consistent care and having secure relationships between teachers and infants and toddlers. She goes on to say, "It's been rough around here. I'm relatively new here, but even in the last month we've had turnover with our assistant teacher. We try to prepare parents, but it's difficult to prepare the children; many of them have had difficulty adjusting. I'm just not sure what else we can do to make it easier. We just keep trying to reassure them and keep the routines the same as much as possible. Sometimes I think the significant turnover in staff contributes to the babies being extra clingy and crying more than usual."

When interviewing parents, one mother describes bringing her child to the Early Head Start program when the new teacher came on board. She says, "My child just fell apart. She cried and clung to me. I felt terrible. Of course, the previous teacher explained that I might expect her to have this kind of trouble, even though I tried to prepare her the way the teacher told me to. Even if you understand what's happening and why it's happening, it hurts your heart to see your child so upset. I stayed until she settled down a bit. The new teacher made me feel better, by reminding me about that whole separation and loss thing and telling me I had done all the right things."